

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>-O-</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>-D-</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>OLD MAINTENANCE BUILDING , NEWTON COUNTY</b>				
Address: <b>37 SOUTH 5th AVE.</b>				
City: <b>DECATUR</b>		State: <b>MS</b>	Zip: <b>39327</b>	
Site Location: <b>37 SOUTH 5th AVE.</b>			Tel:	
Building Size: <b>2000 SQ.FT.</b>		# of Floors: <b>1</b>	Age in Years: <b>70</b>	
Present Use: <b>VACANT</b>		Prior Use: <b>COUNTY AUTO MAINTENANCE</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>NEWTON COUNTY</b>				
Address: <b>92 WEST BROAD STREET</b>				
City: <b>DECATUR</b>		State: <b>MS</b>	Zip: <b>39327</b>	
Contact: <b>MR. STEVE SEAL</b>			Tel: <b>601-635-2367</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>BILLY SHUMATE CONSTRUCTION</b>				
Address: <b>P.O. BOX 4279</b>				
City: <b>MERIDIAN</b>		State: <b>MS</b>	Zip: <b>39304</b>	
Contact: <b>WILLIAM SHUMATE</b>			Tel: <b>601-934-9337</b>	
Certification Number: <b>ABC-00001893</b>			Expiration Date: <b>AUG. 19th 2023</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date: <b>MARCH 11 , 2022</b>	
Inspector: <b>DON COOLEY</b>		Certification Number: <b>ABI-00001363</b>	Expiration Date: <b>JAN. 7th 2023</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>PLM,, floor tiles, flooring mastic, window caulk, plaster , roofing materials - tar</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>10 windows , 324 sq.ft. roofing tar flashing</b>				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>1-26-23</b>			Complete: <b>1-27-23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>1-28-23</b>			Complete: <b>2-10-23</b>	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
DEMOLITION OF STRUCTURE , BY EXCAVATOR

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:  
WET METHOD, DOUBLE BAGGING, REMOVAL INTACTED

XIII. WASTE TRANSPORTER #1

Name: BILLY SHUMATE CONSTRUCTION

Address: P.O. BOX 4279

City: MERIDIAN State: MS Zip: 39304

Contact Person: Tel: 601-934-9337

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: PINERIDGE LANDFILL , WASTE MANAGEMENT

Address: 520 MURPHY ROAD

City: MERIDIAN State: MS Zip: 39301

Contact Person: Tel: 601-483-0715

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: Title:

Authority:

Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

As per MDEQ Requirements.

XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

BILLY SHUMATE CONST. Billy Shumate 1-12-23  
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: BILLY SHUMATE CONST. Billy Shumate 1-12-23  
Type or Print Name (Signature of Owner/Operator) (Date)